

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *cut June 1952, Cause 77-2-014895*  
■ Complete items 1 and/or 2 for additional services.  
■ Complete items 3, 4a, and 4b.  
■ Print your name and address on the reverse of this form so that we can return this card to you.  
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
■ Write "Return Receipt Requested" on the mailpiece below the article number.  
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RON VAN GUNDY, MANAGER  
ROZA IRRIGATION DISTRICT  
PO BOX 810  
SUNNYSIDE WA 98944

4a. Article Number

*2105-6535*

4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

*JUN 21 2001*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Mary Morahan*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0023 2105 6535

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

*Rosa Morris District for Van Gundy*

Street, Apt. No., or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000

See Reverse for Instructions





STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

June 20, 2001

CERTIFIED MAIL

Ron Van Gundy, Manager  
Roza Irrigation District  
PO Box 810  
Sunnyside WA 98944

CS4-1752(I) CTCL

**RE: Emergency Drought Change Authorization  
(Court Claim No. 1752; Cause No. 77-2-01484-5)**

Enclosed please find a copy of the Department of Ecology's Emergency Drought Change Authorization(s). This report constitutes our determination and order regarding the above-referenced application for change. If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

This Order may be appealed pursuant to RCW Chapter 43.21B. The person to whom this Order is issued must file an appeal with the Pollution Control Hearings Board **within thirty (30) days of receipt of this Order**. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal must be sent to: Department of Ecology, Fiscal Office, P.O. Box 47615, Olympia, Washington 98504-7615. All others receiving notice of this Order must file an appeal with the Pollution Control Hearings Board **within thirty (30) days of the date the Order was mailed in the same manner described above.**

Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010637

Enclosures: Emergency Drought Change Authorization(s)

f-lch.doc



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *Crt Clm # 1752 Cause # 97-2-01484-5* *WR-88*

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**JIM TRULL, SEC-MGR  
SUNNYSIDE DIVISION  
C/O SUNNYSIDE VALLEY IRRIG.  
DIST.  
PO BOX 239  
SUNNYSIDE WA 98944**

4a. Article Number

*2105-6528*

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

*JUN 21 2001*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

**X** *[Signature]*

PS Form 3811, December 1994

*P22a-SS ER ch.*

Domestic Return Receipt

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *Out Clm # 1752 Cause # 77-2-0184-5*

- Complete items 1 and/or 2 for additional services. *WR-878*
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JIM TRULL, SEC-MGR  
SUNNYSIDE DIVISION  
C/O SUNNYSIDE VALLEY IRRIG.  
DIST.  
PO BOX 239  
SUNNYSIDE WA 98944

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

*2105-6528*

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Domestic Return Receipt

U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0023 2105 6528

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

*Sunnyside Valley Irrig. Dist., Jim Trull*

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000

See Reverse for Instructions





STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

June 20, 2001

CERTIFIED MAIL

Jim Trull, Secretary-Manager  
Sunnyside Division  
c/o Sunnyside Valley Irrigation District  
PO Box 239  
Sunnyside WA 98944

**RE: Emergency Drought Change Authorization  
(Court Claim No. 1752; Cause No. 77-2-01484-5)**

Enclosed please find a copy of the Department of Ecology's Emergency Drought Change Authorization(s). This report constitutes our determination and order regarding the above-referenced application for change. If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

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Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010637

Enclosures: Emergency Drought Change Authorization(s)

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STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

June 20, 2001

To: Carroll Palmer, Yakama Nation

RE: Emergency Drought Change Authorization re:  
Court Claim No. 02271; Cause No. 77-2-01484-5; and  
Court Claim No. 1752; Cause No. 77-2-01484-5

Enclosed is a copy of the Department of Ecology's Emergency Drought Change Authorization(s), which constitutes our determination and order regarding the above-referenced application(s). If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

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Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010636b

Enclosures: Emergency Drought Change Authorization(s)

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